their assumptions and plans based around what the government promised they were going to do? For that individual aged 55 or older, nothing changes. I happen to fall into that age group. As Mr. THOMPSON alluded to, I would happily opt into the group that is going to have choices because I would rather have choices than a prescribed benefit.

□ 1520

Nevertheless, those individuals who are 55 and older will see no change, the thought being that they have already structured their lives and their retirements based on the fact that this promise had been made. For individuals who are younger than that, when there is still time to make some adjustments in your post-work years, your retirement years, there will be a different program.

Now you ask: For people who are 54 years of age and younger, is that fair to do this?

Well, I think both Mr. THOMPSON and I have articulated what ''fair'' will look like if you don't do something. What ''fair'' will look like if you don't do something is either vastly restricted benefits, as has been recommended by the Medicare trustees, vastly restricted benefits as dictated by the Independent Payment Advisory Board, or perhaps no Medicare program at all. After all, the makeup of the voting public in 10- to 15-years' time is going to be different than what it is today, and the makeup of the voting population in 10- to 15-years' time may feel significantly different about paying 60, 65, 70, 75 percent of their paychecks in order to continue benefits that were promised by a Congress 60 years before.

This type of intergenerational anxiety is just around the corner, and if we don't deal with it head on, if we don't take it as a serious responsibility, then it, indeed, could set the stage for some significant strife down the road between today's children and tomorrow's grandparents. That is why it is so important that we address this situation today.

G.T., I have said what I had intended to say today. If you have any additional comments or closing thoughts, we'll wind down this hour a little early.

Mr. THOMPSON of Pennsylvania. I appreciate that. Thanks again for hosting this hour.

Whether we're talking about addressing the deficit or whether we're talking about saving Medicare—frankly, both of those issues are intertwined—we've got to save the country, and we've got to save the Medicare program. What we cannot do is allow the politics of 2012 to affect the problem-solving of critical problems in 2011. That's what we have seen so far. Where the facts are evident and clear that this country is facing a critical deficit that could bankrupt it and where the numbers for Medicare are such that its insolvency is impending and bankruptcy occurs and it goes away, these are critical problems, and they shouldn't be demagogued as we bring solutions to the floor to debate. That's what has been happening. So there is no way we should allow the politics of 2012 to affect the critical problem-solving of 2011.

After the Balanced Budget Act of 1997, I had the privilege as a health care professional to be recruited to serve on a technical expert panel for Medicare. At the time, it was the Health Care Finance Administration. Today, it's the Centers for Medicare and Medicaid Services. Based on that experience, this is necessary. This is a necessary debate. This is necessary in order to save Medicare, and it's an opportunity for us.

We have had previous reforms. The most recent one I saw was under President Bush where he created the waiver program. That was a reform to an entitlement program that actually increased the quality of life and decreased the costs of many people who were institutionalized, living in nursing homes. Frankly, I like nursing homes. I think they can be very quality facilities, and I was an administrator at one time. Yet people should have the choice of where they live if they're living with a significant disability. It was President Bush's waiver program, a reform actually, that allowed that to occur.

So ''reform,'' I think, can be a word used to scare people, but we need to talk about the specifics of why it is necessary and the opportunities that we have, I believe, to increase the quality of care, to decrease costs, to even increase access—all those—and certainly choice since the health care consumers are making decisions. Those are four principles that we share as a caucus as to whatever we do in health care. In looking at Medicare reform, I think that our plan, which is really the only viable plan, honors all four of those qualities.

So I look forward to continuing this debate. We need to have a good, transparent debate, but it needs to be a debate that is not based on demagoguery. It's a debate that needs to be based on the facts. I thank my colleague for hosting this Special Order time.

Mr. BURGESS. I think we'll look forward to having similar discussions in the future, probably frequently, because it's important that we not just have the debate with both sides of the Chamber. It's also important that we have the conversation with the American people.

I would remind people that the Republican budget that was passed in April was an aspirational document. It wasn't terribly long. If you look at something that becomes an actual law, it can get fairly long and intricate, but the budget was an aspirational document that set the goals. In 10-years' time, we want to see Medicare on a sustainable path. We want to preserve, protect and defend it for the future, and this aspirational document sets the pathway for achieving that goal.

All of the work that will be done to actually develop the legislative product will be done in the committees that Mr. THOMPSON and I are on in the House and that Members of the other body are on in the Senate. The actual work will be done on those committees, and there will be ample opportunity for people to comment, for people to contact their legislators. There will be periods of open comment at the Federal agencies as those laws are written. They won't be written in the next couple of months. They will be written over the next several years.

The point I would end with is that we are entering a phase of a long conversation with the American people about what the future of this program is, which arguably has been a good program in the past but, left untouched, is headed for some significant problems in the future.

So what is the forward-looking path for our Medicare system and for our seniors of both today and tomorrow? It will be a long conversation, but we are both up to it, and we can talk for a long time without pausing. I look forward to working with you on many afternoons on this very subject.

Madam Speaker, I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. BASS of New Hampshire (at the request of Mr. CANTOR) for today on account of attending the funeral of former Congressman Peter Frelinghuysen.

ADJOURNMENT

Mr. BURGESS. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 3 o'clock and 27 minutes p.m.), under its previous order, the House adjourned until Tuesday, June 7, 2011, at 10 a.m.

OATH FOR ACCESS TO CLASSIFIED INFORMATION

Under clause 13 of rule XXIII, the following Members executed the oath for access to classified information:

Gary L. Ackerman, Sandy Adams, Robert B. Aderholt, W. Todd Akin, Rodney Alexander, Jason Altmire, Justin Amash, Robert E. Andrews, Steve Austria, Joe Baca, Michele Bachmann, Spencer Bachus, Tammy Baldwin, Lou Barletta, John Barrow, Roscoe G. Bartlett, Joe Barton, Charles F. Bass, Karen Bass, Xavier Becerra, Dan Benishek, Rick Berg, Shelley Berkley, Howard L. Berman, Judy Biggert, Brian P. Bilbray, Gus M. Bilirakis, Rob Bishop, Sanford D. Bishop, Jr., Timothy H. Bishop, Diane Black, Marsha Blackburn, Earl Blumenauer, John A. Boehner, Jo Bonner, Mary Bono Mack, Madeleine Z. Bordallo, Dan Boren, Leonard L. Boswell, Charles W. Boustany, Jr., Kevin Brady, Robert A. Brady, Bruce L. Braley, Mo Brooks, Paul C. Broun, Corrine Brown, Vern Buchanan, Larry Bucshon, Ann Marie